

		OMB No. 1545-0008			
<b>c</b> Employer's name, address, and ZIP code Alindus Inc 8600 Freeport pkwy Ste 200 Irving TX 75063 US		<b>1</b> Wages, tips, other compensation  68671.63		<b>2</b> Federal income tax withheld  9987.28	
		<b>3</b> Social security wages  68671.63		<b>4</b> Social security tax withheld  4257.64	
<b>d</b> Control number					
<b>e</b> Employee's first name and initial FNU	Last name Mohammed Ahmed Shoai	Suff.	<b>5</b> Medicare wages and tips  68671.63		<b>6</b> Medicare tax withheld  995.74
<b>f</b> Employee's address and ZIP code  31 Andrew Pl Baltimore MD 21201 US		<b>7</b> Social security tips  0.00		<b>8</b> Allocated tips  0.00	
				<b>10</b> Dependent care benefits  0.00	
		<b>11</b> Nonqualified plans  0.00		<b>12a</b> See instructions for box 12 c o d d e DD   2461.09	
		<b>13</b> Statutory employee Retirement plan Third-party sick pay  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> c o d d e   0.00	
		<b>14</b> Other		<b>12c</b> c o d d e   0.00	
<b>12d</b> c o d d e   0.00					
<b>a</b> Employee's social security number XXX-XX-2025		<b>b</b> Employer identification number (EIN) 26-0443737			
<b>15</b> State Employer's state ID number MD   14571174	<b>16</b> State wages, tips, etc. 68671.63	<b>17</b> State income tax 2125.51	<b>18</b> Local wages, tips, etc. 0.00	<b>19</b> Local income tax 0.00	<b>20</b> Locality name

Form **W-2** Wage and Tax Statement **2021** Department of the Treasury-Internal Revenue Service

Copy B-To Be Filed With Employee's FEDERAL Tax Return.  
 This information is being furnished to the Internal Revenue Service.

**Notice to Employee**

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

**Earned income credit (EIC).** You may be able to take the EIC for 2021 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2021 or if income is earned for services provided while you were an inmate at a penal institution. For 2021 income limits and more information, visit [www.irs.gov/EITC](http://www.irs.gov/EITC). See also Pub. 596, Earned Income Credit. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

**Employee's social security number (SSN).** For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and SSA.

**Clergy and religious workers.** If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

**Corrections.** If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at [www.SSA.gov](http://www.SSA.gov).

**Cost of employer-sponsored health coverage (if such cost is provided by the employer).** The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

**Credit for excess taxes.** If you had more than one employer in 2021 and more than \$8,853.60 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,203.80 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated Tax. (See also *Instructions for Employee* on the back of Copy C.)

<b>c</b> Employer's name, address, and ZIP code Alindus Inc 8600 Freeport pkwy Ste 200 Irving TX 75063 US		<b>1</b> Wages, tips, other compensation 68671.63		<b>2</b> Federal income tax withheld 9987.28			
		<b>3</b> Social security wages 68671.63		<b>4</b> Social security tax withheld 4257.64			
		<b>5</b> Medicare wages and tips 68671.63		<b>6</b> Medicare tax withheld 995.74			
		<b>d</b> Control number		<b>7</b> Social security tips 0.00		<b>8</b> Allocated tips 0.00	
<b>e</b> Employee's first name and initial FNU	Last name Mohammed Ahmed Sheaib	Suff.					
<b>f</b> Employee's address and ZIP code 31 Andrew Pl Baltimore MD 21201 US		<b>10</b> Dependent care benefits 0.00		<b>11</b> Nonqualified plans 0.00			
<b>a</b> Employee's social security number XXX-XX-2025		<b>b</b> Employer identification number (EIN) 26-0443737		<b>12a</b> See instructions for box 12 c o d d e DD 2461.09			
				<b>13</b> Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> c o d d e 0.00	
				<b>14</b> Other		<b>12c</b> c o d d e 0.00	
						<b>12d</b> c o d d e 0.00	
<b>15</b> State MD	Employer's state ID number 14571174	<b>16</b> State wages, tips, etc. 68671.63	<b>17</b> State income tax 2125.51	<b>18</b> Local wages, tips, etc. 0.00	<b>19</b> Local income tax 0.00	<b>20</b> Locality name	

**Instructions for Employee**

(See also Notice to Employee on the back of Copy B.)

**Box 1.** Enter this amount on the wages line of your tax return.

**Box 2.** Enter this amount on the federal income tax withheld line of your tax return.

**Box 5.** This amount may be required to be entered on Form 8959. See Form 1040 instructions and 1040-SR to determine if you are required to complete Form 8959.

**Box 6.** This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in Box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

**Box 8.** This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove a smaller amount with adequate records. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. On Form 4137 you will figure the social security and Medicare tax owed on the allocated tips shown on your Form(s) W-2 that you must report as income and on other tips you did not report to your employer. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

**Box 10.** This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to figure any taxable and nontaxable amounts.

**Box 11.** This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box should not be used if you had a deferral and a distribution in the same calendar year. If this happens and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131 with the Social Security Administration and give you a copy.

**Box 12.** The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$18,000 (\$12,500 if you only have SIMPLE plans; \$21,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$18,000. Deferrals under code H are limited to \$7,700.

However, if you were at least age 50 in 2021, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the o line instructions for Form 1040.

**Note.** If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

**A-** Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See o the Form 1040 instructions.

**B-** Uncollected Medicare tax on tips. Include this tax on Form 1040. See o the Form 1040 instructions.

**C-** Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

**D-** Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

**E-** Elective deferrals under a section 403(b) salary reduction agreement

*(continued on back of Copy 2)*